

**SPECIAL CONDITIONS  
REGARDING MINORITY AND WOMEN OWNED BUSINESS ENTERPRISES**

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**SCHEDULE A: AFFIDAVIT OF BIDDER/PROPOSER REGARDING MBE/WBE COMMITMENTS**

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

For Internal Use Only: Reviewed by: _____ Date: _____
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Bidder/Proposer: \_\_\_\_\_

I HEREBY DECLARE AND AFFIRM that I am duly authorized representative of: \_\_\_\_\_  
(Name of Prime Contractor) and that I have personally reviewed the materials and facts set forth herein describing our proposed plan to achieve the MBE/WBE requirements of this contract. All MBE/WBE firms included in this plan are certified. (Letters of Certification must be attached for all MBE/WBE firms including Bidder/Proposer).

**1. Direct Participation of MBE/WBE Firms**

(Note: The Prime Contractor shall, in determining the manner of MBE/WBE participation, first consider involvement with MBE/WBE firms as joint venture partners, subcontractors and suppliers of goods and services directly related to the performance of this contract.)

If Bidder/Proposer is a joint venture and one or more joint venture partners are certified MBE and WBE, attach copies of Letters of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture and list all MBE/WBE firms below.

List all MBE/WBE firms directly involved in the performance of this contract, including the Bidder/Proposer if MBE/WBE. Attach Letters of Certification and completed Schedule B for all MBE/WBE firms.

1. Name of MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Service or Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_  
Percentage Amount of Participation: \_\_\_\_\_ %

2. Name of MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Service or Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_  
Percentage Amount of Participation: \_\_\_\_\_ %

3. Name of MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Service or Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_  
Percentage Amount of Participation: \_\_\_\_\_ %

***Attach additional sheets if necessary***

**2. Indirect Participation of MBE/WBE Firms**

(Note: This section need not be completed if the MBE/WBE requirements have been met through the direct participation outlined above. If the MBE/WBE requirements have not been met through direct participation, bidder or proposer will be expected to demonstrate that the proposed MBE/WBE direct participation represents the maximum achievable under the circumstances. Only after such a demonstration will indirect participation be considered.)

List all MBE/WBE Subcontractors/Suppliers/Consultants proposed to perform work or supply goods or services where such performance does not directly relate to the performance of this contract:

1. Name of MBE/WBE: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Description of Service or Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Dollar Amount of Participation: \$ \_\_\_\_\_  
 Percentage Amount of Participation: \_\_\_\_\_ %

2. Name of MBE/WBE: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Description of Service or Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Dollar Amount of Participation: \$ \_\_\_\_\_  
 Percentage Amount of Participation: \_\_\_\_\_ %

3. Name of MBE/WBE: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Description of Service or Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Dollar Amount of Participation: \$ \_\_\_\_\_  
 Percentage Amount of Participation: \_\_\_\_\_ %

4. Name of MBE/WBE: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Description of Service or Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Dollar Amount of Participation: \$ \_\_\_\_\_  
 Percentage Amount of Participation: \_\_\_\_\_ %

**3. Non-MBE/WBE Direct Participation.**

List all Non-MBE/WBE firms directly involved in the performance of this contract, below in this section 3.

1. Name of Non-MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Service or Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_  
Percentage Amount of Participation: \_\_\_\_\_ %

2. Name of Non-MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Service or Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_  
Percentage Amount of Participation: \_\_\_\_\_ %

3. Name of Non-MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Service or Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_  
Percentage Amount of Participation: \_\_\_\_\_ %

4. Name of Non- MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Service or Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_  
Percentage Amount of Participation: \_\_\_\_\_ %

SCHEDULE A: AFFIDAVIT OF BIDDER/PROPOSER REGARDING MBE/WBE COMMITMENTS

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT(S) ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE BIDDER OR PROPOSER, TO MAKE THIS AFFIDAVIT.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

IF PROPOSING TO PERFORM AS A JOINT VENTURE:

By: \_\_\_\_\_  
Joint Venture Partner (Print)

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

MBE  WBE  Non-MBE/WBE

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)